MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WS 115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-L

04288

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett

City or town Mountain Lake Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ----

Stay in hospital or inst. (yrs., or mos., or days) ----

Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County Garrett

City or town Mountain Lake Park Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ----

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR -----

3. (a) FULL NAME William Franklin Adams

3. (b) Social Security Number -----

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Laura Jane (Roy) Adams

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) March 5, 1866

8. AGE: Years 74 | Months 1 | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace Tucker Co., W. Va. (Town, county, and state)

10. Usual occupation Night Watchman- Tioga Tanning Co.

11. Industry or business Tannery

FATHER

12. Name William M. Adams

13. Birthplace Tucker Co., W. Va.

MOTHER

14. Maiden name Mary E. Wotring

15. Birthplace Tucker Co., W. Va.

16. Informant Mrs. Lester Shaffer

Address Potomac Park, Cumberland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 9, 1940 (month) (day) (year)

Cemetery or crematory Terra Alta

Location Terra Alta, Preston Co., W. Va.

18. Funeral director Herbert C. Leighton

Address Oakland, Maryland.

19. 4/8/ 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6, 1940 19 5:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Examined after 19 Death 19

and that I last saw h alive on 19

Immediate cause of death Chronic Myocarditis ? Senile Dementia

DURATION ?

Due to

Due to

Other conditions Cerebral vascular accident (1937)

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Irving Bannigartner M.D. M. D. or other

Address Oakland Md Date signed 4/8/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-1

04289

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

County Garett

City or town Rural near Grantsville Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garett

City or town Rural Near Grantsville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E Bender

3. (b) Social Security Number None

4. Sex ~~Mary~~ Female ~~White~~

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Enoch Bender

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28 ~~1856~~ 1858

8. AGE: Years 82 ~~80~~ Months 3 Days 1 If less than one day hrs. min.

9. Birthplace Rural Near Meyersdale Somerset CO. Pa
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Eli A Yoder
13. Birthplace Rural Near Meyersdale Pa

MOTHER
14. Maiden name Elizabeth Brennamon
15. Birthplace Rural Near Bittinger Md

16. Informant ~~RDR~~ NOrman E Bender
Address Grantsville Md R'D 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 2 1940 (month) (day) (year)

Cemetery or crematory Mapel Glen Cemetary

Location Near Grantsville Md

18. Funeral director Wm Winterberg
Address Grantsville Md

19. 5-2- 1940 (Date rec'd by registrar) Clyde F. Bender Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 30 1940, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1940, to Apr 30 1940, and that I last saw h alive on 19

Immediate cause of death Chronic myocarditis

Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION 5 yrs

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. R. Davis M.D. M. D. or other

Address Grantsville Md Date signed May 2

RECEIVED
MAY 6 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04290

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Near Swanton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland, County Garrett

City or town Near Swanton, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carroll Edward Bernard,

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6th, 1940

8. AGE: Years	Months	Days	If less than one day
	2	27	hrs. min.

8. Birthplace Near Swanton, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Lambert R. Bernard.

13. Birthplace Near Swanton, Md.

MOTHER 14. Maiden name Hazel Howell,

15. Birthplace Bond, Md.

16. Informant Lambert R. Bernard,

Address Swanton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 4th, 1940 (month) (day) (year)

Cemetery or crematory Meadow Mountain Cemetery

Location Near Swanton, Md.

18. Funeral director Emroy D. Bolden.

Address Oakland, Md.

19. April 3 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2d, 1940 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1940, to Apr. 2 1940, and that I last saw him alive on Apr. 2 1940

CURATION

Immediate cause of death Suffocated

Due to

Due to

Other conditions Congenital Stenosis - Haemorrhages

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE M. C. Hunsbaugh M. D. or other

Address Oakland Md. Date signed Apr 2

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04291

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County: Garrett

City or town: Friendsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ____ County ____

City or town ____ Ward No. ____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME: Patric James Doolan

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara Doolan

6(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Jan 8 - 1859

8. AGE: Years 81 | Months 6 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace: Scotland (Town, county, and state)

10. Usual occupation: Coal Miner

11. Industry or business

FATHER

12. Name: Michael Doolan

13. Birthplace: Ireland

MOTHER

14. Maiden name: Unknown

15. Birthplace: "

16. Informant: Mrs Patric Doolan

Address: Friendsville 7

17. Friendsville (Burial, cremation, or removal. Which?) Date thereof: April 17-40 (month) (day) (year)

Cemetery or crematory: Savage Addition

Location: Friendsville Md

18. Funeral director: W. W. Savage

Address: Friendsville Md

19. April 17 1940 (Date rec'd by registrar) Jeannette Statler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 15 1940, at 8:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9 1940, to April 15 1940, and that I last saw him alive on April 12 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 3 days

Due to: Arteriosclerosis — unknown

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: H. F. Glover, M. D. (M. D. or other)

Address: Friendsville, Md Date signed 4/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94

04292

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:
County Garrett
City or town Westernport, Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Westernport, R.F.D. No 1
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 49 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Garrett
City or town Westernport, Rural Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6 miles N.W. of Westernport.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Steward Lampson Fazenbaker

3. (b) Social Security Number 211-09-6941

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 10, 1892

8. AGE: Years 47 | Months 10 | Days 27 | If less than one day: hrs. min.

9. Birthplace "Near" Westernport, Garrett, Md.
(Town, county, and state)

10. Usual occupation Farmer Laborer

11. Industry or business Farm

FATHER
12. Name Oliver C. Fazenbaker
13. Birthplace "New" Westernport, Md

MOTHER
14. Maiden name Nancy Slizer
15. Birthplace Oakland, Md.

16. Informant Francis Fazenbaker
Address R.F.D. No 1. Westernport, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 10 1940 (month) (day) (year)
Cemetery or crematory Fazenbaker
Location 6 mi N.W. Westernport, Md.

18. Funeral director D.S. Broadwater
Address Westernport, Md.

19. Apr. 10 1940 (Date rec'd by registrar) Dorsey Patterson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 3:00 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on arrival 19
and that I last saw h alive on 19

	DURATION
Immediate cause of death: Cause unknown - Quite likely of Cardiac	
Due to Angina	
Due to Etiology unknown	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. Irving Baumgartner M.D.
M. D. or other
Address Oakland Md. Date signed Apr. 7-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

04293

CERTIFICATE OF DEATH

Reg. Dist. No. 171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Rural Near Jennings
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Garrett
City or town Rural Near Jennings Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel E Handwork

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah Handwork
6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Oct 23 - 1866

8. AGE:

Years	Months	Days	If less than one day
73	5	22	hrs. min.

9. Birthplace Rural Near Jennings Garrett Co Md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Jeremiah Handwork
13. Birthplace Rockwood Somerset Co Pa
MOTHER 14. Maiden name Susan Billinger
15. Birthplace Billinger Md
16. Informant Mrs Lucretia Miller
Address R D 2 Grantsville
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-16-1940 (month) (day) (year)
Cemetery or crematory Handwork Cemetary
Location Rural Near Jennings
18. Funeral director Wm Winterberg
Address Grantsville Md
19. April 16 1940 (Date rec'd by registrar) J B Emory Registrar R.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 1940, to April 14 1940, and that I last saw him alive on March 21 1940.

Immediate cause of death	DURATION
Heart disease, arterio-sclerotic	5 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Alexander Solomon M D
ALEXANDER SOLOMON, M. D. M. D. or other
Address Salisbury Pa Date signed April 15, 1940

CEIVED
MAY 4 1908
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04294

Reg. Dist. No. 172

1. PLACE OF DEATH:

County Garrett

City or town Rural - Swanton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Rural Near Swanton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Walnut Bottom

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marti Harvey

3. (b) Social Security Number none

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1940

8. AGE: Years | Months | Days | If less than one day no hrs. no min.

9. Birthplace Swanton, Garrett Co., Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name Charles William Harvey

13. Birthplace Mt. Zion, Md.

MOTHER

14. Maiden name Viola Mae Sharpless

15. Birthplace Near Bloomington, Md.

16. Informant Mrs. Mary Harvey

Address Swanton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 15 1940 (month) (day) (year)

Cemetery or crematory Turner Cemetery

Location Near Swanton, Md.

18. Funeral director O. F. Sharpless

Address Blaine, W. Va.

19. 4-15 1940 (Date rec'd by registrar) A W Barrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14 1940, at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Stillbound

Due to

Due to

Other conditions 6 mo pregnancy (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jessie Harvey Mid wife M. D. or other

Address Swanton Md Date signed

RECEIVED
MAY 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

04295

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:
County Garett
City or town Rural Near Friendsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 24 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Garett
City or town Rural Near Friendsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Jasper Hileman
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Emma R Hileman
6(c) If alive, give age 51 years
7. Birth date of deceased (mo., day, yr.) Nov 21 - 1881

8. AGE: Years 58 Months 5 Days 6 If less than one day ___ hrs. ___ min.

9. Birthplace Rural Near Friendsville Md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Mose Hileman
13. Birthplace Friendsville R D
MOTHER 14. Maiden name Marey Kerling
15. Birthplace accident Md
16. Informant Emma R Hileman
Address Friendsville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 - 10 - 1940 (month) (day) (year)
Cemetery or crematory accident Cemetary
Location accident Md
18. Funeral director Wm Winterberg
Address Grantsville Md
19. 4-7 1940 (Date rec'd by registrar) Jeannette Statler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 1 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to Apr. 7 1940, and that I last saw him alive on Apr. 2 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	15-30 min
Due to Rupture of cerebral vessel	15-30 min
Due to Arteriosclerosis and hypertension	10 yrs 10 yrs
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Dr. W C Andrew M. D. or other
Address Friendsville Md Date signed 4-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

RECEIVED
MAY 4 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

04296

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

County Garrett

City or town Rural Near Grantsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 66 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garrett

City or town Rural Near Grantsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Etta Catherine Kinzinger

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jacob L Kinzinger

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Dec 29 - 1873

8. AGE: Years 66 Months 3 Days 2 If less than one day hrs. min.

9. Birthplace Near Bittinger Md
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Daniel Brennamon
13. Birthplace Near Bittinger Md

MOTHER
14. Maiden name Mariah Custer
15. Birthplace Near Bittinger Md

16. Informant Jacob L Kinzinger
Address Grantsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 - 3 - 1940 (month) (day) (year)

Cemetery or crematory Folk Cemetary

Location Rural Near Grantsville Md

18. Funeral director Wm Winterberg
Address Grantsville Md

19. 4-2 1940 (Date rec'd by registrar) Clyde F. Bent Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 1 1940, at 10 a M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1 1940, to Apr 1 1940 and that I last saw her alive on Apr 1 1940

Immediate cause of death Cerebral Haemorrhage — DURATION 2 hrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. R. Davis M.D.
M. D. or other

Address Grantsville Md Date signed Apr 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04297

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County Garrett

City or town Friendsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Friendsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillian Iris Lawson

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 11 1940

8. AGE: Years | Months | Days 28 | If less than one day hrs. min.

9. Birthplace Friendsville Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Ralph Lawson

13. Birthplace Pa

MOTHER 14. Maiden name Lillian Ryland

15. Birthplace Md

16. Informant Ralph Lawson

Address Friendsville Md

17. (Burial, ~~cremation, or removal~~ Which?) Date thereof 4/10/40 (month) (day) (year)

Cemetery or crematory Friendsville Md

Location Friendsville Md

18. Funeral director H. H. Savage

Address Friendsville Md

19. April 9 1940 (Date rec'd by registrar) Jeannette Statler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 8 1940, at 9 15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend to deceased 19 and that I last saw h alive on Did not see her 19 alive

Immediate cause of death Apparently smothered

Due to turning on her face in Crib

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of

Where did injury occur? Friendsville (City or town) Garrett (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Injured at work?

23. SIGNATURE R. D. Brown M.D. M. D. or other

Address Friendsville Md Date signed 4/8/40

by telephone authority of Med. Examiner

RECEIVED
MAY 4 1040
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04298

1. PLACE OF DEATH (13HE)

County Garrett Registration Dist. No. 161

Village or City Sangrunn Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary B. Frantz Lowdermill M If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Floyd Lowdermill (age 5 yrs)

6. DATE OF BIRTH (month, day and year) Apr 11 - 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William B Frantz

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Fike

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Floyd Lowdermill Sangrunn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Grove Date Apr 12, 1940

19. UNDERTAKER (Address) W. W. Savage Friendsville Md

20. FILED April 12, 1940 Jeanette Stollen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 9 (Day), 1940 (Year)

I HEREBY CERTIFY, That I attended deceased from April 9, 1940, to April 7, 1940

I last saw her alive on Apr 9, 1940, death is said to have occurred on the date stated above, at 4:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heart disease, valvular	
Nephritis, chronic chalk	
Duration: several years	
Undiagnosed gastric pathology	

Other Contributory Causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. D. Brown M. D.

(Address) Friendsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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MAY 4 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50) Reg. Dist. No. 166

CERTIFICATE OF DEATH

04299

1. PLACE OF DEATH:
(a) County Garrett
(b) City or town Oakland, (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Alder St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in this community (yrs., mos., or days) 15 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Garrett
(c) City or town Oakland, (If outside city or town limits, write RURAL and give town)
(d) Street No. Alder St. (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Lula Elsie (Rawlings) McIntosh

3 (b) If veteran, name war -----

3 (c) Social Security No. -----

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife George McIntosh

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 14, 1885

8. AGE: Years 54 | Months 10 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Mineral Co., W. Va. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

FATHER
12. Name Isaac Rawlings
13. Birthplace Mineral Co., W. Va.

MOTHER
14. Maiden Name Laura Welch
15. Birthplace Mineral Co., W. Va.

16 (a) Informant Mrs. Laura M. Gilbert
(b) Address 6847 Highland Ave. Peusanken, N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1940 (month) (day) (year)
(c) Cemetery or crematory George Cemetery
Location Swanton, Md.

18 (a) Funeral director Herbert C. Leighton
(b) Address Oakland, Md.

19 (a) 4/22/1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death April 21, 1940, at 3:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939, to Apr. 21 1940, and that I last saw him alive on Apr. 21 1940.

Immediate cause of death	Duration
Carcinoma of Left Breast	2 years
Due to Metastasis to brain	1 hour
Due to Abdominal Hernia	10 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. E. Mann, M.D. M. D. or other
Address Oakland, Md. Date signed 4/22/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (837)

CERTIFICATE OF DEATH

04300

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Rural Near Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Rural Near Salisbury Pa. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Henry Merbach

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife Anna L. Merbach

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 12 - 27 - 1860

8. AGE:

Years	Months	Days	If less than one day
79	3	14	hrs. min.

9. Birthplace Barton, Alleghany Co. Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John Henry Andrew Merbach

FATHER 13. Birthplace Germany

MOTHER 14. Maiden name Catharine E. Zehnmon

MOTHER 15. Birthplace Germany

16. Informant Anna L. Merbach

Address Salisbury R.D. Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 - 14 - 1940 (month) (day) (year)

Cemetery or crematory Merbach Cemetary

Location Rural Near Salisbury Pa

18. Funeral director Wm. Winterbottom

Address Grantsville Md.

19. 4-13 1940 Clyde F. Beeler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1, 1939 to Apr. 10 1940, and that I last saw him alive on Apr. 10 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	1 hr.
Due to Arteriosclerosis	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O H Hobbs M.D.
M. D. or other

Address Salisbury Pa Date signed Apr 12, 1940

RECEIVED
MAY 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04301

Reg. Diat. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Rural Near Grantsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garrett

City or town Rural Near Grantsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town) Md

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Irene Emma Mossbach

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	—

B (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 26 - 1877

8. AGE: Years — | Months 4 | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace Rural Near Grantsville Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Theodore W Mossbach

13. Birthplace Near Grantsville Md

MOTHER 14. Maiden name Beulah B Butler

15. Birthplace Near Grantsville Md

16. Informant Theodore W Mossbach

Address R. D. 1 Salisbury

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-27-1940 (month) (day) (year)

Cemetery or crematory Mossbach

Location Rural Near Grantsville

18. Funeral director Wm Winterberg

Address Grantsville Md

19. 4-27-1940 (Date rec'd by registrar) Clyde F Bender Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26th 1940 to ____ 19____, and that I last saw h ____ alive on ____ 19____.

Immediate cause of death	DURATION
Prob. Streptococcic infection of throat	
Due to Streptococcus	3 days
Due to	
Other conditions Toxemia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE L. Irving Baumgartner M.D.
M. D. or other

Address Oakland Md Date signed 4/26/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04302

CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garrett
City or town: Mt. Lake Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ----
Stay in hospital or inst. (yrs., or mos., or days): ----
Stay in this community (yrs., or mos., or days): ----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Garrett
City or town: Mt. Lake Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Loch Lynn
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: Baby Merrill

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Still Born

6 (b) Name of husband or wife: ----
6 (c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): April 18, 1940

8. AGE:

Years	Months	Days	If less than one day
---	---	---	-- hrs. --- min.

9. Birthplace: Mt. Lake Park, Garrett Co., Md. (Town, county, and state)
10. Usual occupation: ----
11. Industry or business: ----

FATHER
12. Name: Truman Merrill
13. Birthplace: Swanton, Md.

MOTHER
14. Maiden name: Naoma Catherine Moon
15. Birthplace: Kitzmiller, Md.

16. Informant: Asa C. Moon
Address: Deer Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 18, 1940 (month) (day) (year)
Cemetery or crematory: Deer Park
Location: Deer Park, Md.

18. Funeral director: Herbert C. Leighton
Address: Oakland, Maryland.

19. 4/18/ 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 18, 1940 19 8:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1940 to April 18 1940, and that I last saw her alive on Born Dead 19 ----.

Immediate cause of death	DURATION
Premature Birth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ---- Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: A. E. Manes, M.D.
M. D. or other
Address: Oakland, Md. Date signed: 4/18/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

04303

Reg. Dist. No. 172

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Deer Park - (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 82 - 5 - 16

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Rural - Deer Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Eagle Rock
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Perry Paugh

3. (b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Harriet Ellen Tasker Paugh

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 18, 1857

8. AGE: Years: 82 | Months: 5 | Days: 16 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Eagle Rock / Deer Park - Garrett Co., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: Jay Hugh Paugh
13. Birthplace: Maryland

MOTHER — 14. Maiden name: Rebekah Shefler
15. Birthplace: Preston Co. W. Va.

18. Informant: Mrs. Elsie Collins
Address: Deer Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 6 1940 (month) (day) (year)

Cemetery or crematory: Short Run Cemetery

Location: Short Run near Kitzmiller, Md.

18. Funeral director: Otha F. Shelpless

Address: Blaine, W. Va.

19. 4/6 1940 (Date rec'd by registrar) A. W. Barrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 4 1940, at 10¼ M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19 1939, to April 4 1940, and that I last saw him alive on February 7 1940.

Immediate cause of death: Abdominal Aneurism with pressure symptoms on stomach & Kidneys, Starvation & diarrhea. DURATION 3 yrs.

Due to: Hypertension - possibility 20 yrs. of gastric carcinoma

Due to: Gastric carcinoma, followed by abdominal aneurism. Duration of carcinoma 3 years.

Other conditions: Mitral Stenosis (rheumatic) 20 yrs. with extrasystolic arrhythmia
(Include pregnancy within 3 months of death)

Major findings:

Of operations: None. No laboratory or X-ray examinations made.

Of autopsy: None

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Harold C. Miller M. D. or other

Address: Eglon, W. Va. Date signed: 4/4/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (58-2)

CERTIFICATE OF DEATH

04304

Reg. Dist. No. 14 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Rural near Oakland, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: -----
Stay in hospital or inst. (yrs., or mos., or days) ----
Stay in this community (yrs., or mos., or days) 30 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Garrett
City or town Rural near Oakland, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6 Miles North Oakland, R #219
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ----

3. (a) FULL NAME Glenn Vertner Riley

3. (b) Social Security Number -----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ----
6(c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1908

8. AGE:

Years	Months	Days	If less than one day
32	1	12	---- hrs. ---- min.

9. Birthplace Selbysport, Md., Garrett Co.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or buciness Fathers Farm
FATHER 12. Name Floyd Vertner Riley
13. Birthplace Selbysport, Md.
MOTHER 14. Maiden name Mary E. Romesburg
15. Birthplace Connellsville, Pa.
16. Informant Floyd V. Riley
Address R. D. Oakland, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 10, 1940 (month) (day) (year)
Cemetery or crematory Thayerville
Location 8 Miles North Oakland, Md.
18. Funeral director Herbert C. Leighton
Address Oakland, Md.
19. April, 9, 19 40 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1940 19 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 7 19 40, to April 2 19 40, and that I last saw him alive on April 2 19 40.

Immediate cause of death	DURATION
Rheumatic carditis & acute congestive heart failure	6 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clyde P. Berger M.D.
M. D. or other
Address Oakland, Md. Date signed 4-16-40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (174)

CERTIFICATE OF DEATH

04305

Reg. Dist. No. 143

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garrett
City or town: Gorman, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Near Gorman, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Daniel Andrew Schell.

3. (b) Social Security Number: 232-26-1217

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife: Pearl Schell
6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): June 1st, 1885.

8. AGE: Years	Months	Days	If less than one day
55	10		hrs. min.

9. Birthplace: Mayesville W. Va.
(Town, county, and state)

10. Usual occupation: Miner

11. Industry or business

FATHER
12. Name: Daniel Andrew Schell, Sr.
13. Birthplace: West Virginia

MOTHER
14. Maiden name: Nellea Rinker,
15. Birthplace: West Virginia.

16. Informant: Harold Schell
Address: Mt. Lake Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 3d, 1940 (month) (day) (year)
Cemetery or crematory: Pope Cemetery,
Location: Near Gorman, Md.

18. Funeral director: Emroy D. Bolden.
Address: Oakland, Md.

19. 4/3/40 (Date rec'd by registrar) Virginia Harvey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1st 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____19____, to ____19____, and that I last saw h____alive on ____19____.

Immediate cause of death: Suffocated by falling earth from roof of coal mine — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: M. C. Hunsberger M. D. or other
Address: Oakland Md. Date signed

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 166

04306

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Garrett

(b) City or town Rural Oakland, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: ---

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----

(e) Length of stay in this community (yrs., mos., or days) 44 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Garrett

(c) City or town Rural Oakland, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1½ Mi. So. Gortner (If rural give location)

(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Susan (Miller) Schlabach

3 (b) If veteran, name war ---

3 (c) Social Security No. ----

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joel Schlabach

6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) March 11, 1863

8. AGE: Years 77 | Months 1 | Days 10 | If less than one day ____hr. ____min.

9. Birthplace Accident; Garrett Co., Md. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

FATHER

12. Name Henry Miller

13. Birthplace Salisbury, Pa.

MOTHER

14. Maiden Name Mariah Yoder

15. Birthplace Salisbury, Pa.

16 (a) Informant Joel Schlabach

(b) Address Oakland, Md. R. D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1940 (month) (day) (year)

(c) Cemetery or crematory Schlabach Family Cem.

Location Near Gortner

18 (a) Funeral director Herbert C. Leighton

(b) Address Oakland, Maryland.

19 (a) 4/22/1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death April 21, 1940, at 10:15A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1940, to April 19 1940, and that I last saw him alive on April 19, 1940

Immediate cause of death Lobar Pneumonia — Duration 1 week

Due to ____

Due to ____

Other conditions Congestive Heart Failure — Duration years

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature Elliott P. Bergen, M.D. (M. D. or other)

Address Oakland, Md. Date signed 4-22-40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

04307

Reg. Dist. No. 172

1. PLACE OF DEATH:

County Garrett

City or town Rural - Kitzmiller
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Short Run

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 13 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Rural - Kitzmiller Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Short Run
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Julia Sharpless

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John Luther Sharpless

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 2, 1853

8. AGE: Years 86 Months 10 Days 8 If less than one day ____ hrs. ____ min.

9. Birthplace (Near) Swanton, Garrett Co., Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name David J. Beavers
13. Birthplace Accident, Md

MOTHER
14. Maiden name Hester Turner
15. Birthplace (Rural) Swanton, Md

16. Informant Leslie B. Sharpless
Address Kitzmiller, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 - 12, 1940 (month) (day) (year)

Cemetery or crematory Mt. Zion Cemetery

Location Mt. Zion, Garrett Co. Md.

18. Funeral director Otha F. Sharpless
Address Blaine, W. Va

19. 4 - 11 1940 (Date rec'd by registrar) A W Barrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Patient died suddenly 19__ to 19__, and that I last saw h__ alive on 19__

Immediate cause of death Acute Dilation of Heart Chronic Myocarditis.

Due to

Due to

Other conditions Hypertension Gallbladder disease
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? no

23. SIGNATURE R R Lisson M.O.
M. D. or other

Address Kitzmiller, Md Date signed 4-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (53)

04308

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:
County Garrett
City or town White Rock
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) All his Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Harrison Sines
3. (b) Social Security Number none

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Nora Sines
Jan 3 - 1867 6 (c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) Jan. 3, 1867
8. AGE: Years 73 Months 3 Days 12 If less than one day hrs. min.
9. Birthplace Md (Town, county, and state)
10. Usual occupation Labor
11. Industry or business
FATHER 12. Name Henry Sines
13. Birthplace Md
MOTHER 14. Maiden name Ollie Friend
15. Birthplace Md
16. Informant Mrs Harrison Sines
Address Friendsville
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 16 1940 (month) (day) (year)
Cemetery or crematory Sangrum
Location Sangrum
18. Funeral director W. W. Savage
Address Friendsville - Md
19. April 16 1940 (Date rec'd by registrar) Jeannette Stalter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 5 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 6 1939, to Apr 1940, and that I last saw him alive on Apr 1 1940.
Immediate cause of death Carcinoma of left malar region
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. L. Brown M.D. M. D. or other
Address Friendsville, Md Date signed 4/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.